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(Document Number)
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2021 FEB -1 PH 2: 29
SECRETARY OF STATE
TALLAHAS SEE STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florid organized under the laws of the State o registered agent, or both, in the State o	f Florida	
	he corporation: The Institute for Inte	•	,	
2. The principal	office address: 2050 Centre Pointe B	Blvd, Tallahassee, FL 32309		_
3. The mailing a	ddress (if different): P O Box 12729	9, Tallahassee, FL 32317		_
4. Date of incorp	poration/qualification: 10/11/1978	Document number: 744525	5	
5. The name and		cred agent and registered office on file		
	Emory B. Williams - RESIGNED as	s Chairman		
	3049 Sawgrass Circle			
	Tallahassee, FL 32309		2021 F SECR TAL	_
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):			2021 FEB - I SECRETARY TALLAHAS	
	Rick S. Gregory, Chairman			1
	2050 Centre Pointe Blvd.		2: E.F.	C
	Tallahassee, FL 32308	P.O. Box NOT acceptable	, IE	
The street address changed will	ess of its registered office and the be identical.	street address of the business office o	f its registered ager	ıt,
Such change was authorized by the	as authorized by resolution duly and board, or the corporation has be	dopted by its board of directors or by een notified in writing of the change.	an officer so	
Xn	gasterson	Kathleen T. Masterson, CFO		
•	re pl an officer or director	Printed or typed name an		-
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept to ng filed merely to reflect a chang s been notified in writing of this co	ent and agree to act in this capacity. ill statutes relative to the proper and c he obligation of my position as registe e in the registered office address. I he hange.	complete performan ered agent. Or, if the ereby confirm that the	ice his he
A 50		12/18/2020		
Sig	nature of Registered Agent	Date		-
If signing on bo	chalf of an entity:			
Rick S. Gregory				
1	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)